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| <b>TRANSMITTAL FORM</b><br><i>(to be used for all correspondence after initial filing)</i> | Application Number   | 10/613,715             |               |
|  | Filing Date          | Jul 3, 2003            |               |
|  | First Named Inventor | McCracken, Robert      |               |
|  | Art Unit             | 3635                   |               |
|  | Examiner Name        | Katcheves              |               |
| Total Number of Pages in This Submission   | 12                   | Attorney Docket Number | 8594560/41960 |

| ENCLOSURES (Check all that apply)  |   |  |
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| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Technology Center (TC)<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Return Postcard |
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| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                  |
|--|------------------|
| Firm or Individual name                    | Kent A. Herink   |
| Signature                                  |                  |
| Date                                       | November 2, 2004 |

| CERTIFICATE OF TRANSMISSION/MAILING   |                    |      |                  |
|---|--------------------|------|------------------|
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| Typed or printed name   | Jeri D. Krutsinger |      |                  |
| Signature   |                    | Date | November 2, 2004 |

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|                           |   |                              |
|---------------------------|---|------------------------------|
| In re Application of      | ) |                              |
|                           | ) | Group Art Unit: 4999         |
| Robert McCracken          | ) |                              |
|                           | ) |                              |
| Serial No. 10/613,715     | ) | Examiner: Basil S. Katcheves |
| Filed: 7/03/2003          | ) |                              |
| For: REDUCED FRICTION FOR | ) |                              |
| SHORING APPARATUS         | ) |                              |
|                           | ) |                              |

AMENDMENT

Mail Stop AF  
Commissioner for Patents  
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Dear Sir:

In the matter of the above-identified patent application, and in response to the Office Action mailed June 2, 2004, kindly enter the following amendments and consider the following remarks relative to the continued examination of the patent application.

Amendments to the Claims start on page 2 of this response.

Remarks start on page 5 of this response.